The Hampden Hippocrat

DECEMBER 1972

HAMPDEN DISTRICT MEDICAL SOCIETY

1414 STATE STREET
SPRINGFIELD, MASS. 01109

Telephone: 736-0661

VIVIAN M. PURDY, *Executive Secretary*

OFFICERS

ROBERT N. LAMARCHE, M.D. ..... *President*
SETRAG A. ZACARIAN, M.D. ..... *Vice President and President Elect*
WALTON E. STEVENS, M.D. ..... *Secretary*
CARL W. JANOVSKY, M.D. ..... *Assistant Secretary*
PAUL T. MOORE, M.D. ..... *Treasurer*

EXECUTIVE AND GRIEVANCE COMMITTEES

ROBERT N. LAMARCHE, M.D.	*Ex-officio*	JOHN J. BANDEIAN, M.D.
SETRAG A. ZACARIAN, M.D.	*Ex-officio*	PAUL T. MOORE, M.D.
WALTON E. STEVENS, M.D.	*Ex-officio*	AUGUSTO G. ASINAS, M.D.
ALVIN J. KEROACK	1973	JOHN E. MCHUGH, M.D.
JOHN J. BURKE, M.D.	1974	WILLIAM E. SHEEHAN, M.D.
SHELDON S. GOLDBERG, M.D.	1975	WILLIAM J. CUMMINGS, M.D.

CHAIRMEN OF COMMITTEES

HOWARD N. SIMPSON, M.D. ..... *Auditing*
JOSEPH R. KELLY, M.D. ..... *Blue Shield District Professional Service*
HARRY N. MEMERY, M.D. ..... *By-laws*
MALCOLN S. ALLAN, M.D. ..... *Censors*
ALFONSO A. PALERMO, M.D. ..... *Commissioner of Trials*
FREDERICK C. SCHWENDENMANN, M.D. ..... *Disaster Medical Care*
ROBERT D. O'MALLEY, M.D. ..... *Insurance, Labor Relations, and Industrial Accidents*
JAMES D. ALLAN, M.D. ..... *Legislative*
EUGENE W. BEAUCHAMP, JR., M.D. ..... *Malpractice and Medico-Legal Affairs*
THEODORE E. HOFFMAN, M.D. ..... *Medico-Religious*
H. BERNARD TILLMAN, M.D. ..... *Members' Insurance Programs*
STANLEY D. RAPINCHUK, M.D. ..... *Mental Health*
DAVID E. BOOKER, M.D. ..... *Nominating*
FRANK G. MILLS, M.D. ..... *Nursing Homes*
BRUCE B. STOLER, M.D. ..... *Peer Review*
JAMES G. FITZPATRICK, M.D. ..... *Public Health*
AUGUSTO G. ASINAS, M.D. ..... *Public Relations*
ROBERT N. LAMARCHE, M.D. AND SETRAG A. ZACARIAN, M.D. ..... *Representatives to Community Council*
BERNARD BLOOM, M.D. ..... *Scholarship*
BRUCE B. STOLER, M.D. ..... *Tax Supported Medical Care*
CARLO Q. MONTORI, M.D. ..... *Woman's Auxiliary*

COUNCILORS TO THE MMS

JOHN C. AYRES, M.D. ..... *Executive Councilor*
JAMES D. ALLAN, M.D. ..... *Alternate to the Executive Councilor*

MALCOLM S. ALLEN, M.D.
AUGUSTO G. ASINAS, M.D.
EUGENE W. BEAUCHAMP, JR., M.D.
MAURICE J. BOIVIN, M.D.
GARDNER COX, II, M.D.
LOUIS F. DEROSE, M.D.
ELMER F. FRANSEEN, M.D.
JOHN F. GRIFFIN, M.D.
DONALD R. HAYES, M.D.
GARRY DEN. HOUGH, III, M.D.
JOSEPH R. KELLY, M.D.
FRANK G. MILLS, M.D.
PAUL T. MOORE, M.D.
LEO S. NEWMAN, M.D.
FREDERICK C. SCHWENDENMANN, M.D.
LORNE C. SMITH, M.D.
BRUCE B. STOLER, M.D.
EMANUEL WIEDMAN, M.D.
SETRAG A. ZACARIAN, M.D.
ALLEN S. JOHNSON, M.D.
ROBERT N. LAMARCHE, M.D.
WALTON E. STEVENS, M.D.

THE HAMPDEN HIPPOCRAT
1942

VOL. XXXVIII, NO. 10 DECEMBER 1972

CONTENTS

EDITORIAL
FREEDOM 4

PRESIDENT'S PAGE
GOOD AND BAD 6

IS HIPPOCRATES DEAD? 8

HOW TO PREPARE FOR THE INEVITABLE
NATIONAL HEALTH INSURANCE 10

BLUE SHIELD MEETING WITH HDMS
PHYSICIANS 16

H R 1 (PUBLIC LAW 92-603)
ACTION AND REACTION 17

KEY PROVISIONS OF PSRO LAW 20

HDMS EXECUTIVE COMMITTEE 23

WELCOME NEW MEMBERS 25

A bulletin for
The Hampden District of
The Massachusetts
Medical Society

Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

BOARD OF EDITORS

MAX MILLMAN, M.D.
Editor-Emeritus

JOHN C. AYRES, M.D.
Editor-in-Chief

H. BERNARD TILLMAN, M.D.
Assistant Editor

ASSOCIATE EDITORS

ROBERT M. ABRAMS, M.D.
OLIVE A. COOPER, M.D.
FRANK G. MILLS, M.D.
WALTER S. MOZDEN, M.D.
WILLIAM E. NESSELL, M.D.
WALTON E. STEVENS, M.D.
SETRAG A. ZACARIAN, M.D.
JOHN J. ZADWORNY, M.D.

JOSEPH B. GREENSPAN, M.D.
Secretary and Business Mgr.

MRS. ARTHUR WILLARD
Advertising Director

THE HAMPDEN HIPPOCRAT is published monthly except for July and August.

The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.

Communications pertaining to editorial content should be addressed to the Editor-in-Chief, 1414 State Street, Springfield, Mass. 01109.

Business communications should be addressed to the Business Manager, 91 School Street, Springfield, Mass. 01105.

Communications pertaining to advertising should be addressed to Mrs. Arthur Willard, 62 Irvington Street, Springfield, Mass. 01108; telephone: 733-5336.

To be assured of uninterrupted delivery of **The Hampden Hippocrat**, notify us in advance of an address change and include your ZIP CODE number.

EDITORIAL

FREEDOM

Today's political rhetoric and the all pervading media of mass communication seem to have risen to a new high in polemics particularly insofar as physicians are concerned. From early history until the recent past, physicians have enjoyed a large measure of public esteem to a point said by some to be "just beneath the angels". And yet currently, it is repeatedly being proclaimed that the physician has fallen off his pedestal. There are those who say he has been pushed off; others say he has jumped off. Such reasons are given as showy affluence denoting avarice, the selfish defensive politics of organized medicine, the rise of specialization and the mechanization of medical practice with a decline in humanitarianism as personified by the disappearance of the old family "doc", and the apathetic indifference and lack of responsiveness of physicians to the needs and wants of the public. Despite all the aforesaid, there is seemingly a thread of consensus on all sides that the physician is not alone in this so-called low estate but that everybody else is getting the same treatment and in even larger doses. The physician is still relatively number one. But why should the physician be singled out? Is it because symbolically and traditionally he has singled himself out as a paragon of altruism with a lesser potential of susceptibility to cynicism and corruption?

WHITHER?

Today's society seems to be accepting a materialistic and deterministic philosophy based on what is euphemistically called scientific reality. There is a generalized "credibility gap" evolving all about us. Everyone seems to be seeking money, influence, and power. "The suspicious glance has replaced the candid look, and the jaundice is in the eye of the beholder". The world is changing, and the "great American dream" is turning into a nightmare. Crime, drug abuse, bribery, collusion, blundering, and thoughtless political actions are proliferating. Many are demanding their rights but are not taking their responsibilities. What's more, we are coming to tolerate all this rather than cure it. Scapegoating is the order of the day, particularly for physicians, who in recent years have established a record of medical accomplishments and achievements unparalleled in recorded history. The public forgets its own personal responsibilities as testified by the vast number of Americans who eat, drink, pollute, and maim themselves to disability and death. We are all yielding to governmental control because we think we cannot solve our own problems, and loss of freedom is the price we will pay.

OUR TRUST

Without plan but with almost innate faith, society since time immemorial has granted physicians a lofty status and relative freedom from constraints over professional matters pertaining to the healing of the sick. Under this privilege of

CENTRAL TRAVEL BUREAU

222 Worthington St. Springfield

781-1680

CERTIFIED TRAVEL COUNSELOR

freedom and self-determination, physicians have responded by achieving monumental scientific accomplishments. However, hand in hand with this success, expectations of beneficiaries have increased. The public has come to feel that it has made the resources available by which have come these miraculous advances in medical technology and that there is a tremendous gap between scientific capabilities and the availability of same equitably to all. Physicians are being accused of entrenching themselves in ivory towers of self-preservation with a "public be-dammed" attitude. Inevitably such a climate leads to governmental takeover and control.

Freedom to be creative and responsible is what made this nation great. We certainly have seen enough to totalitarianism with its materialistic philosophy to know that we do not want it. American medicine today is in a ferment characterized by a conflict between professional capabilities and the wants of a highly expectant public. Both "providers" and "beneficiaries" espouse certain rights as being specifically theirs. To ignore this conflict is to invite loss of personal and professional freedoms. It must be remembered that rights cannot be bestowed or bought, they must be earned. Differences of opinion and discussion with ultimate compromising solutions are the "blood and guts" of democracy. The rights of both the patient and the physician must be respected and reconciled, for the freedom of both is in jeopardy. We physicians must take the initiative from self-appointed protagonists who believe they champion the public good according to their rightly or wrongly conceived schemes. Health is a two way street, but it needs a preponderance of physician intervention if it is to be attained. After all, we physicians, have been charged by society to be faithful shepherds of people's health. We must uphold this trust or lose our freedom. It is up to us! Heads, we win; tails, we lose!

Ayres

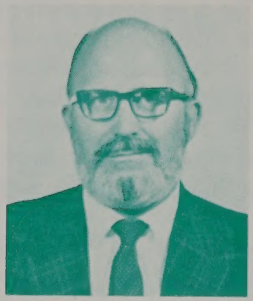
One of the familiar line of Cordran® products

flurandrenolide

200064

Lilly Eli Lilly and Company
Indianapolis, Indiana 46206

Additional information available to the profession on request.



President's Page

GOOD AND BAD

The best way to attack the subject of ethics is to see what the basic meaning of the word is. According to the dictionary, it is the discipline dealing with what is good and bad as well as with moral duty and obligation. The secondary meaning is the theory or system of moral values – the principles of conduct governing an individual or group.

Today, most people consider ethics in the sense of the secondary meaning, namely, the principles governing an individual or a group. Unfortunately, in this present age many of these principles do not basically adhere to the first meaning of ethics, what is good or bad, but rather, to the principles of dealing with what is profitable and what is unprofitable. This seems to permeate society in this country at the present time, and I am afraid that the good and bad essences are no longer being considered. Having recently discussed Judae-Christian principles as opposed to the Aetheistic and Shinto type of thinking as followed in Russia and Japan, it seems to me that our ethic situation is not quite on the Judae-Christian level, but has reverted back to the Shinto, Aetheistic level of the two aforementioned countries.

Current experience seems to indicate that most of the ethics followed today are similar to those of Russia and Japan. Namely, if it proves to be productive or if it causes an increase in financial remuneration, then, that is the principle which is considered to be good for the country, rather than what would be considered ethically good. Unfortunately, this is what is seemingly happening to the present generation and age in this country.

I deplore this and feel that if we are going to be ethical, there must be certain, normal standards of good and evil existing outside ourselves, contrary to the idealists. We have to adhere to these if we wish to maintain ourselves in what we call a Judae-Christian type of society. We speak with one tongue, as the Indians would say, and use another tongue. We talk with a split tongue! If the thing proves profitable, we overlook its essence of being good and bad.

We in medicine can show the way to the rest of society that we still wish to maintain what is basically good as opposed to what is bad in essence, and not what is profitable as being good and what is non-profitable as being bad. We can apply this principle to all our dealings as they pertain to ethics and discipline in our various committees, in our district society, in our State society, and in our AMA. I hope that this causes one to stop and think as to what is good and bad being the basis of our ethics and not what is profitable and non-profitable.

Robert N. LaMarche M.D.

Robert N. LaMarche, M.D.

Now there's an important difference in acetaminophens. A Dollar!

It's the dollar your patients can save on VALADOL® Tablets 100's compared with the largest selling brand of acetaminophen*.

Now that SQUIBB has reduced the cost of VALADOL, you can recommend a quality non-aspirin pain reliever that can relieve the pain in the pocketbook, too.

New low prices from SQUIBB also available on VALADOL Chewable Tablets, Liquid with Flexidose® Spoon**

*Based on SQUIBB suggested retail price for 100's and the suggested retail price of the largest selling brand of acetaminophen.
**Supplied by SQUIBB with each package of VALADOL Liquid.

SQUIBB®

The Priceless Ingredient of every product is the honor and integrity of its maker.' ™

©1972 E. R. Squibb & Sons, Inc. 072-037

One Man's Opinion . . .

Is Hippocrates Dead?

"Medical ethics is a
reverence for life."
– Albert Schweitzer, M.D.

Mention "Hippocrates" and the first thought that comes to mind is his famous "Oath." But this document – if indeed it was written by Hippocrates – was one of his lesser contributions to medicine. What really earned for him the accolade of "Father of Medicine" was the fact that he was the first to accurately describe symptons and to correlate them with the diseases that caused them. He was also the first to separate medicine from superstition.

These are the contributions that will make the name of Hippocrates endure for many years to come. But what about his "Oath"? Will it remain eternally valid or is it just a piece of antiquity? Written in 400 B.C., it wasn't published until about 100 A.D. For centuries to come it was considered as sacred as motherhood. No one dared attack or criticize it. However, in the 10th or 11th century it was Christianized to eliminate reference to pagan gods ("I swear by Apollo. . ."). Other religious groups made changes of their own. Beginning with the 6th century A.D. The Jewish graduates used the oath of Assoph the Physician, which begins: "Ye shall not harden your hearts against the poor and needy but shall heal them." It has been estimated that about 60 different modifications of the original Hippocratic oath have appeared since 100 A.D. The result is that it is used but rarely these days. A recent survey of medical schools in the U.S.A. and Canada showed that of 62 schools using a pledge only one out of nine administered the original Hippocratic oath.

WHY THE ANTIPATHY?

To quote Dr. Dwight L. Wilbur, past president of the AMA: "Young physicians do not appear to need or want the oath of Hippocrates any more." But why? An analysis of some of the paragraphs that comprise it may explain it. The second paragraph, for instance, would have the young doctor pledge to "Reckon him who taught me. . . as my parents, to share my substance with him . . . to regard his offspring as . . . my own brothers. . ." This might have been relevant 2,400 years ago but most certainly not today. The same paragraph makes the candidate declare that he would teach medicine only to his relatives and to the sons of his teacher "but to none others." This not only smacks of nepotism and provincialism but is also totally contrary to our present-day concept of sharing our knowledge with all who seek it. These admonitions are so much in conflict with the major writings of Hippocrates as to question the true authorship of the oath ascribed to him. But regardless of the authorship our young graduates find these pledges outmoded and irrelevant. Some of them also object to the religious tone that pervades the Oath of Hippocrates ("With purity and with holiness . . . "). They seem to think that dedication in medicine is something personal, or a matter of the physician's conscience.

FROM HIPPOCRATES TO GENEVA

The original oath of Hippocrates may not be very relevant today but its influence is felt in every code of ethics that followed. When the AMA was founded in 1847, it adopted the Oath of Hippocrates in its pagan form. At the same time it adopted the Code of Medical Ethics published in 1803 by the English physician, Thomas Percival. Additions and amendments were made at virtually every annual meeting until 1957 when the "10 Principles of Medical Ethics of the AMA" was adopted. These principles

are guides to good conduct. They were never intended to be used as an oath at graduations.

After World War II, the *Nuremberg Code* of *Ethics* in *Medical Research* was framed to guide the Allied Military Tribunal in the prosecution of 23 Nazi physicians accused of brutal experiments on political prisoners. In 1947 the first General Assembly of The World Medical Association appointed a committee to prepare a "Charter of Medicine" and to draft an updated wording of the Hippocratic Oath. After minor changes this was adopted in 1948 at Geneva by the Second General Assembly as the *"Declaration of Geneva."*

DECLARATION OF GENEVA

Adopted by the General Assembly of the World Medical Association at Geneva, Switzerland, September, 1948.

AT THE TIME OF BEING ADMITTED AS MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE myself to consecrate my life to the service of humanity.

I WILL GIVE to my teachers the respect and gratitude which is their due.

I WILL PRACTICE my profession with conscience and dignity.

THE HEALTH OF MY PATIENT will be my first consideration.

I WILL RESPECT the secrets which are confided in me.

I WILL MAINTAIN by all means in my power, the honor and the noble traditions of the medical profession.

MY COLLEAGUES will be my brothers.

I WILL NOT PERMIT considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.

I WILL MAINTAIN the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity.

I MAKE THESE PROMISES solemnly, freely, and upon my honor.

The above Declaration of Geneva seems to be gaining in popularity. The language is plain; the pledges are forthright; and the dedication is personal. Upon scrutiny, however, we find that it is essentially an updated version of the traditional Oath of Hippocrates.

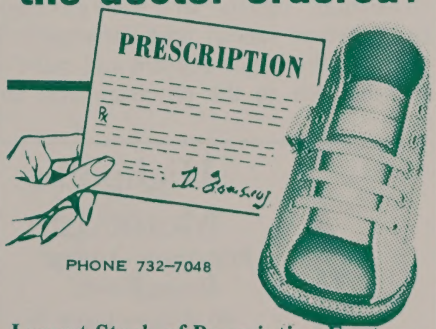
Millman

STORROWTON TAVERN

On the Village Green
Eastern States Exposition Park
West Springfield, Massachusetts
Bill Kavanagh, Innkeeper

An original colonial inn serving the finest early American food and drink plus continental specialties * An incomparable setting for weddings, banquets and parties * Open year round. Phone: 732-4188

We have just what the doctor ordered!



PHONE 732-7048

Largest Stock of Prescription Footwear in the Area –
Men, Women and Children

ARNOLD'S Foot Health SHOES

327 BRIDGE ST., SPRINGFIELD, MASS.

How To Prepare For The Inevitable National Health Insurance

The political concept that good health and well being can be conferred as a *right,* by an act of Congress, has become fixed in most Americans' minds. That this concept will soon be translated into specific federal law, has been accepted by all. Yet to be decided is the extent and the rapidity of conversion to a total health care program for our country. Even though the physician is the first in a line of intelligent beings, who sees patients and who determines whether a state of good health and well being exists, he or she is not in agreement or sure of what constitutes this state. Its parameters have never been satisfactorily defined; therefore, any attempt to legislate towards this new federal state of nirvana seems to be nearly an impossibility. This lack of definability is probably the most disturbing factor to the physician, as he contemplates National Health Insurance. As he further evaluates the unknown, it is quite easy to suppose and project that it will be necessary to change his style of practice, which in turn may alter his income (the Achile's heel of self-employed professionals). The irrational chain of thought and supposition about the unknown is probably the major concern and cause of apprehension to the physician over any proposed National Health Insurance program. To paraphrase F. D. Roosevelt – the only thing we have to fear is the fear of NHI.

The news media has related to its public that the present health care delivery system is inadequate and that (by inference) all Americans are receiving far less than proper and adequate care. Statistics are being manipulated to damage the image of organized medicine. So far, the individual "doc" is still o.k. Comparisons are made as to the relative merits of one plan to the other; guestimates of cost are buttressed against or with derogation and fear of poor care. Consumer opinion must be 51% of health planning councils, and physicians, asked to participate, are screened before their selection. The proponents of the various schemes make no accurate public comparisons of their plan to current medical care and practice and costs. Shades of the propaganda ministry's philosophy of the big lie. Even our Commonwealth is not interested in cooperating with the organization of the Massachusetts Medical Society. The media and the politicians have pushed National Health Insurance past the point of return; NHI is inevitable, to both the patient and for the physician.

Highpoint Motor Inn

Restaurant - Lounge
Dining Room
90 Modern Units
Olympic Pool - Health Clubs
Area's Largest Facilities For All Types of Functions Seating 1500

at Exit 5, Mass. Pike & Rt. 33
450 Memorial Dr., Chicopee, Mass.

Chester's Drug Store, Inc.

Medical Center
305 APPLETON ST., Cor. Maple
HOLYOKE, MASS. 01040

Telephone: 532-2514

They're debating your future in Washington right now. Who's standing up for you?

National health insurance is the issue, and the way you'll practice in the future is at stake. One proposal would federalize the entire medical system.

Who's standing up for your rights? Contrary to what you may think, the AMA.

We've testified repeatedly against a government controlled medical system. Even before it was proposed, the AMA had introduced its own program of voluntary national health insurance called "Medicredit." And we've pushed for it hard. To date, the AMA has enlisted 167 members of Congress as its co-sponsors—more than can be claimed for any other national health insurance bill.

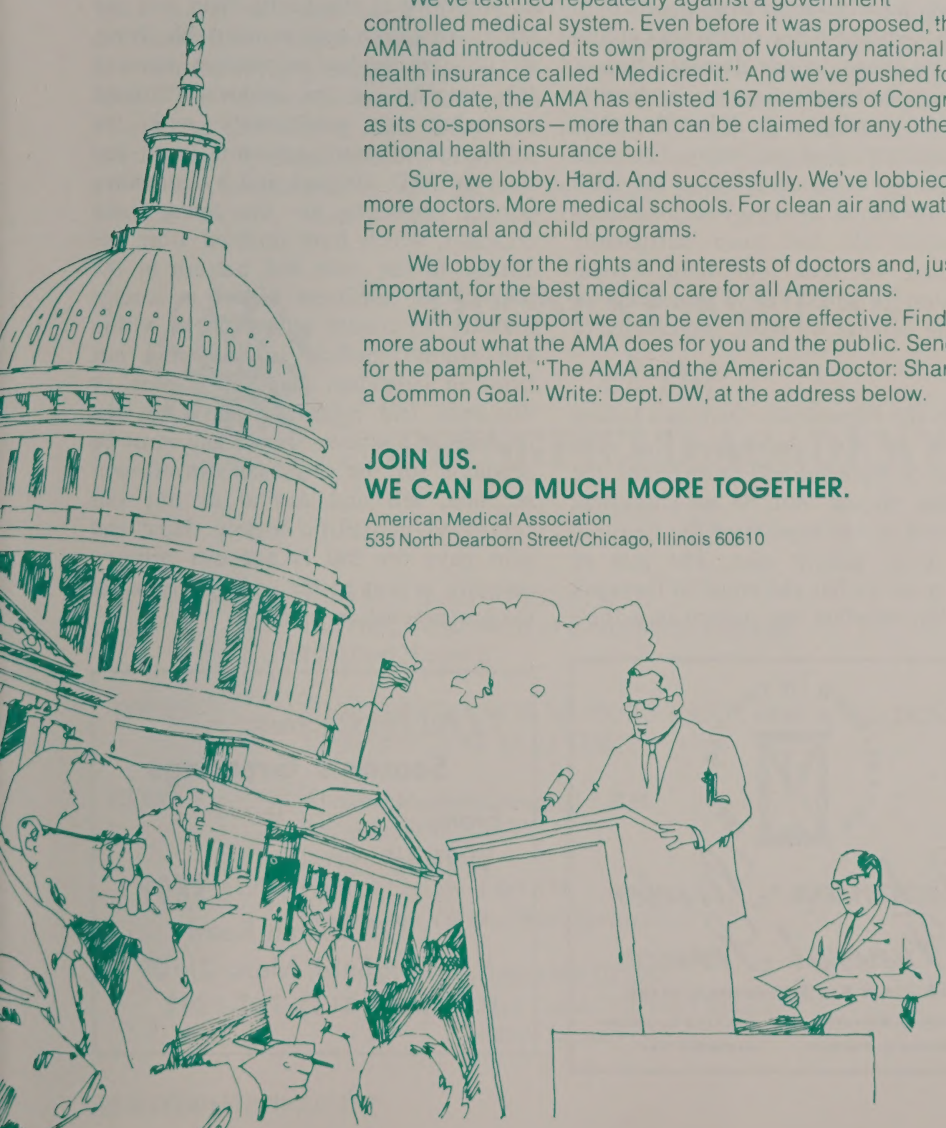
Sure, we lobby. Hard. And successfully. We've lobbied for more doctors. More medical schools. For clean air and water. For maternal and child programs.

We lobby for the rights and interests of doctors and, just as important, for the best medical care for all Americans.

With your support we can be even more effective. Find out more about what the AMA does for you and the public. Send for the pamphlet, "The AMA and the American Doctor: Sharing a Common Goal." Write: Dept. DW, at the address below.

JOIN US.
WE CAN DO MUCH MORE TOGETHER.

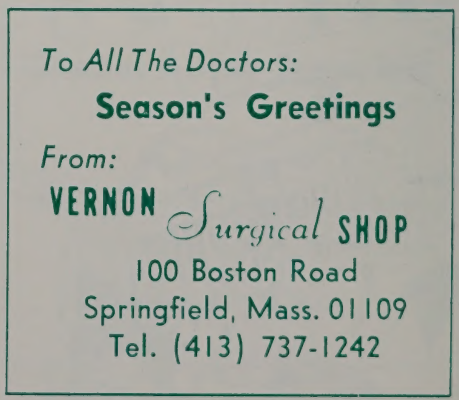
American Medical Association
535 North Dearborn Street/Chicago, Illinois 60610



OUR KEY

Our concern over the unknown in future practice and the medical politics hurrah put us in a defensive position. Much of what we would offer as constructive criticism if the diverse programs is considered to be only an attempt to save our necks and pocketbooks. Since the best defense is a strong, mobile offense, we physicians now must prepare for the inevitable NHI program such that our patients, our practice and our peace of mind toward each, leads to a NHI act with which we all can live and enjoy. Inspite of all the volumes written and material researched, the key to the successful practice of clinical medicine is the physician's ability to relieve disease, repair damaged tissues, and assist the homeostatic mechanisms to return the patient to good health and/or give them a sense of well being. The usual patient is not as concerned as to the cause of his disease, as he is to have its effects mitigated. He has been sufficiently frightened to seek our help. Proper utilization of thus key will provide us with the defense we need, reassurance of self.

With the Hippocratic Oath as a guidon coupled to the realization that the practice of medicine will be different, the physician should not be as concerned with some of the aspects of the financial return from patient care. The gain or return must be fair and equal to the work done, but whether the patient or a third party pays the fee or whether it remains a fee for specific service is no longer paramount nor germane. Incentives linked to productivity must remain in any economic system based (as is ours) on capitalism. Our principal task is to heal, to restore a state of good health and well being; how we are rewarded or how much we are rewarded will thereafter fall in line. The physician's image is changing because of the changes in the practice of medicine. He now is the first of a team of devoted health personnel instead of the solitary figure wistfully watching a child. This changing image has been tarnished by many who are jealous of our position of authority in the health field and our ability to earn a very comfortable living. By utilizing the key to practice, some of this tarnish can be removed through increasing our productivity with the utilization of more assistants (with less than an M.D. degree) and by providing correct solutions to the many valid criticism, which have resulted from the change in the style and pattern in the practice of medicine (from a cottage industry to greater centralization within and around medical centers) and not from an individual practioner's goals or life style. Our return or gain from the practice of medicine should and must be adequate for the physician's investment in time, self and capital in this our controlled catitalistic society. How and who pays the bill is not our primary concern, as long as the agency recognizes the professionalism involved.



OUR TRAJECTORY

We must realize and so inform our patients and/or their families, that not everyone gets better and that death is the final phase of all biological life. A physician inspite of all the advances in medical care, only assists his patients to recover from their disease or injury. Reverses, unexpected events and bad results do occur through no fault of the physician and/or patient. We must develop or re-establish detente cordiale with our patients such that they feel they are getting good, modern care and the physician must be freed from undue concern of law suit because the results of that care are not ideal. Complete homeostasis is a transient state in which few remain for any length or period of time. The tempos from life's stresses churn us continually and they are accelerating. Perhaps, a court of review could be established in each county medical society, which would include consumers, lawyers and physicians, to listen to the facts of a case history and therefrom make a pronouncement that the unfavorable results are or are not due to physician error or incompetence rather than a turn of the disease and patient. The defensive practice of medicine is expensive, time consuming and often unwarranted for the risks involved. A national campaign to so educate the public sponsored by the AMA, the voluntary health agencies and the Department of Public Health of each state would be of help to prevent instant over-utilization of medicine's limited resources in manpower and facilities and would prevent a patient feeling he is being neglected or abandoned or that he has justification to sue his physician.

We must restore the community's concern of us, as individuals and as members of a profession. Without this concern .medicine will regress and involute and practice will be at a

THE NEXT MEETING of the SPRINGFIELD ACADEMY

will be held on
TUESDAY, JANUARY 9, 1973

SPEAKER: DONALD R. MORRISON, M.D.
Director, Department of Respiratory Therapy
Hartford Hospital

TOPIC: "DOCTOR, DOCTOR BE MORE WARY. HOW WELL DOES YOUR PATIENT BREATHE?"

CLINIC: Wesson Memorial Hospital 5 P.M.
Social Hour 6:30 P.M.
Dinner 7:00 P.M.
Formal Lecture 8:00 P.M.
Storrowton Tavern, West Springfield

RESERVATIONS:
Please call Mrs. Lund 734-5445 before
Friday, January 5th.

technical level and directed by non-medical bureaucrats. Our current good incomes and signs of affluence can be and are accepted by our patients, as long as they do not have to listen to a curt message saying that "the doctor is not taking any new patients" or that "the first appointment I can give you is in three months". These image shattering, all too common occurrences and those resulting from the absence of physicians in small communities have been picked up by politicians and individuals looking for a cause. These persons have magnified the problem and embellished it and are using it against us for their own personal reasons. The nationalization of medicine will not correct these problems and in all likelihood may infringe on the personal rights of the physician. Solutions must come from ourselves and those in the allied health fields. One solution is the increased use of physician's assistants or medics, who can meet the patient and his problems at the first interface of medicine and patient, whenever a physician is not available. The opportunity to advance toward the level of a physician or beyond should be available to these new career men and women. An avenue to immediate help by a physician or an assistant exclusive of an emergency room must be opened for the patient. Availability is part of the key to success.

The core of the criticisms against us are valid, even those not caused by us, and we must work and plan to erase them. We must provide the solutions not the critics, in that we are unique to evaluate all the facets of the criticized problem or condition. There is little time remaining for us to direct our own futures. The Hampden District Medical Society and Massachusetts Medical Society sponsored foundations are one way still open for all physicians to participate in this future. Physicians in training are not as concerned with the complexities of the methods of delivery and recompense for medical care, in which they will be participating for the remainder of the century. Idealists, as were we, they just want to go out and make people better and their simple faith tells them that all else will follow. When estate planning takes precedence over treatment planning, our patients have an obligation to complain and to request, through their legislators that our status quo not remain. We will not get expected support from the oncoming physicians since their problems will not be the same as ours, unless we educate them first in the socio-economic problems of practice before they graduate and begin to practice and second the patient-physician relationships which develop away from a medical school environment. Programs of the SAMA must be supported and augmented whenever possible.

The explosive expansion of knowledge in medicine and related fields makes mandatory some system of continuing medical education. The AMA's Recognition Award is a good start towards a voluntary program for the physician. The pressures of practice and home life often preclude extensive trips for meetings; the mere fact that getting someone to cover in his absence is a

HARRELL'S FUNERAL HOME
WHERE UNDERSTANDING
BRINGS KINDNESS
James E. Harrell, Jr. — Funeral Director
355 ST. JAMES AVE., SPRINGFIELD
737-0641

Traditional
New England Hospitality

YANKEE PEDLAR INN
Miss Bess Stathis, Innkeeper
Rt. 5 at 202 Holyoke, Mass.
Phone: 532-9494

monumental task and discourages the busy practitioner from attendance. Also the fifty hour plus week taxes his will and reserves and home; wife and a relaxant have more appeal than even a night out at the county medical society meeting, much less four days in Atlantic City. Therefore, continuing education should be directed to be used in the home and/or office and our patients should be made aware that we are keeping up.

OUR GOALS

How then do we prepare for the inevitable? I believe by satisfying six general goals, our patients will regain their faith in us and help us to develop a new system for delivery of health care for everyone which would allow free choice of physician and patient by each and which within a controlled capitalistic economy will reward the outstanding practitioner proportionately.

The six goals to be achieved during the seventies, to assure our proper place in the delivery of health care to and for our patients are:

1. Restore their faith in our continuing interest in them and in our ability to help them in sickness and in health.

2. Make ourselves or associates available for 24 hour, seven days a week within a new system that still provides us with a compatible work week.

3. Educate our patients as to what to expect from medicine and in the philosophy of good patient care.

4. Continue the process of educating ourselves, so that our patients have up-to-date diagnostic and therapeutic modalities always.

5. Be active participants in new arrangements in practice and delivery of health care, such as the Hampden District Medical Society and the Massachusetts Medical Society sponsored foundations.

6. Push for legislation which will make: a., joint or cooperative practice more appealing; b., create a class of medical assistants; c., catastrophic insurance coverage available to all regardless of need; d., allow for continuing education and updating of medical practice.

Stevens

When the supportive care your hospitalized patient is receiving could be equally performed in her own home, consider prescribing HOMEMAKERS home and health care services for the duration of her convalescence or crisis.

Upjohn

HOMEMAKERS®
Home and Health Care Services

HELPING YOU TO HELP YOUR PATIENT.

HOMEMAKERS®
93 Van Deene Avenue
West Springfield, Mass. 01089
Ph. (413) 739-9654
739-9655

THE INSTRUMENT OF THE IMMORTALS

A Steinway In Your Home

The piano great pianists choose is the best one for your home. Its glowing tone and sensitive response to playing are an inspiration and joy for a lifetime. This is the wisest piano investment, retaining its value over many years.

"112 Years A Steinway Dealer" . . .

M·Steinert & Sons
10 Stearns Sq. — Springfield, Mass.
Tel.: 734-7381

MEETING HIGHLIGHTS OF BLUE SHIELD - HDMS AREA PARTICIPATING PHYSICIANS

The Mass. Blue Shield, Inc., staff conducted a regional information meeting at the High Point Motor Inn in Chicopee at noontime on Wednesday, November 29, for Blue Shield participating physicians in the Hampden District Medical Society area.

Brief presentations were made by John Larkin Thompson, President of Massachusetts Blue Shield; Paul Bostley, Vice President of Blue Shield Programs (Claims); Jacob H. Fine, M.D., Director of Medical Affairs; Richard Kahan, Director of Research; John C. O'Kane, Vice President Utilization Review; and Rufus Titus, Vice President Professional Relations.

An open question and answer period followed during which Mr. Kahan reported the results of a study conducted by Blue Shield in connection with the use of the Massachusetts Relative Value Study.

Mr. Kahan emphasized three points in his discussion of the Massachusetts Relative Value Study:

1. Approximately twice as many claims would be "cut" as are now being "cut" under the present usual and customary program.
2. The use of a relative value study with a conversion factor tends to be inflationary.
3. The use of a conversion factor lends itself to (federal; state; third party) control.

Mr. Bostley was questioned about the possibility of rejecting certain claims as "concurrent medical care" under the new Blue Shield claims processing system. He underlined the need for complete documentation of the necessity for more than one physician in the care of the patient and pledged that claims submitted as "individual consideration" would receive appropriate professional review where indicated.

The question was raised as to what was thought to be a resolution of the Massachusetts Board of Registration of Nurses that would require the clysis procedure be performed by a physician, and what effect this might have on the number of nursing home visits allowed under the Medicare program. Doctor Fine and Mr. O'Kane were unfamiliar with the resolution but promised to investigate the matter. A similar question was raised in connection with whether or not a nursing home visit for pronouncing a patient dead would be covered under the Medicare program, and this, too, is being investigated.

There was extended discussion concerning the development of usual and customary charges and in particular the use of the "mean plus one standard deviation" in the determination of the area customary level. Mr. Thompson indicated that Blue Shield was conducting a study to determine the financial impact on the Corporation with the possibility that the 90th percentile might be adopted.

The meeting adjourned at 3:30 P.M. with those present feeling that its stated purpose, "...a continuing effort to encourage two-way communication between Blue Shield and its participating physicians..." was accomplished.

Ayres

Henderson's
Funeral Home

H.R 1. (Public Law 92 - 603)
ACTION AND REACTION

After nearly four years of fooling around behind closed doors for the most part, the 92nd Congress finally passed the biggest and most sweeping package of changes in the Medicare and Medicaid laws since 1965. The final version of the Social Security Amendments of 1972 as signed by the President weighed 3 pounds, contained 95 changes in the Social Security Act, and included many "sugar plum" features. The consensus of those in the health field is that the new law has some good features but there are many unpalatables depending upon one's viewpoint. There is, however, no disagreement over the fact that implementation will be most costly.

SALIENT FEATURES

Amongst the many, the following are some of the more salient features of HRI:

Effective next July 1, any individual covered by Social Security for reasons of disability will be covered under Medicare. Disabled widows and dependent widowers between ages 50 and 65 will be covered.

Persons age 65 or over ineligible for Part A of Medicare may enroll voluntarily by paying a monthly premium initially estimated at $33 and to be recalculated yearly. They must also enroll in Part B supplementary insurance.

The Part B premium is increased from $50 to $60 next year, with future increases tied to a formula based on Social Security cash benefit increases. All Medicare eligibles would be automatically enrolled in Part B unless they specifically object.

After July 1, 1973, a one-third reduction in federal matching payments for long-term stays in hospitals, nursing homes, intermediate care facilities and mental institutions would take effect – if the states involved do not have effective utilization review programs or if they fail to conduct required independent audits of patients. HEW also is authorized to compute a reasonable differential between the cost of skilled nursing facility services and intermediate care facility services provided in a state to Medicaid patients.

States would be required to impose monthly premium charges on the medically indigent, according to their income, and could require deductibles and co-payments if they wish.

Medicare and Medicaid payments would be precluded for certain disapproved capital expenditures which are determined to be inconsistent with state or local health facility plans. Exceptions would be made for construction toward which preliminary expenditures of $100,000 or more had been made in the three-year period ending Dec. 17, 1970. This provision would become effective Dec. 31, 1972, unless a state requests that it go into effect even earlier.

An amendment requiring HEW to experiment with various reimbursement and cost-control projects for hospitals was adopted. A number of experiments are mentioned including authorization for trials of reimbursement to ambulatory surgical centers. Another mandated trial would involve reducing the present three-day period hospitalization requirement for eligibility for extended care benefits. HEW also is authorized specifically to experiment with means of paying physician's assistants under Medicare.

The bill authorizes HEW to establish limits on over-all costs or indirect costs which will be recognized as reasonable for comparable services in comparable facilities in an area. The Secretary may establish maximum acceptable costs in such facilities with respect to items or groups of services. The beneficiary would be liable for any amounts determined to be excessive, unless the admitting physician has a financial interest in the facility.

The bill specifies that in determing reasonable charge levels for medical supplies and equipment, only the lowest charges at which supplies of similar quality are widely and consistently available would be recognized.

A House-passed provision for a health maintenance organization (HMO) option under Medicare was modified somewhat at insistence of the Senate conferees. A single combined Medicare Part A and Part B payment on a capitation basis could be made in behalf of a beneficiary who chooses the arrangement. Payments could not exceed present Part A and Part B costs in a given geographic area. Incentive payments are authorized for HMO's that demonstrate efficiency, but there would be no federal sharing of any losses incurred by the HMO. The HMO membership would have to be made up of not more than one-half Medicare beneficiaries.

Services of teaching physicians will be reimbursed on a cost basis under Medicare after June 30, 1973, unless the patient is bona fide private or the hospital has charged all patients and collected from a majority on a free-for-service basis. For donated services of teaching physicians, a salary cost would be figured equal to the prorated usual costs of full-time salaried physicians. Such payments would be made to a special fund designated by the medical staff to be used for charitable or educational purposes.

Sections of the Medicaid law requiring states to have comprehensive programs by 1977 and forbidding cutbacks in Medicaid expenditures were repealed by the new law.

It is feared that an ominous costly precedent is being set in the matter of providing 125 million dollars for transplantation and dialysis of uremics and 25 million dollars for speech therapy for those with underlying pathological conditions. The contention is that this would open the flood gates for other maladies to qualify for their own programs and thereby lead to a big drain on the federal coffers.

The epitomy of inconsistency on the part of Congress is to claim that this law's aim is to cut costs and improve quality of

Norman's Pharmacy

124 ISLAND POND ROAD
SPRINGFIELD, MASS.

"Yes, We Deliver" — 736-3623

"As Near As Your Phone"

care, and yet provision is made to allow payment for chiropractic.

P.S.R.O.

Of most direct interest to physicians is the amendment by Senator Wallace F. Bennett (R-Utah) establishing Professional Standards Review Organizations (PSRO's) to oversee Medicare and Medicaid utilization in institutions. Although the AMA and the American Hospital Association both opposed the PSRO concept for different reasons, both were appeased to a greater or lesser degree with the final form as adopted. Details will be spelled out in regulations authored by HEW but under careful scrutiny of interested professional organizations hoping to factionally influence same.

Basically the PSRO is to consist of an organization representing a substantial portion of practicing physicians in a local area as designated by the Secretary of HEW to review and determine whether services provided in institutions are medically necessary, meet appropriate professional standards, and/or could be provided more economically on an out-patient basis or a facility of a different type. Only organizations representing a substantial portion of physicians would be allowed to establish PSRO's until 1976 with a start being possible by January 1, 1974. The glove has been thrown down to medical societies to implement this program. If more than 10% of the physicians in the area oppose the PSRO that emerges, they can demand a poll by HEW to ascertain as to whether the PSRO is truly representative of the physicians in the area. If more than 50% of physicians object, HEW cannot enter into a contract with that organization. If a physician-sponsored and approved PSRO is not established in an area by January 1, 1976, then HEW can go ahead and designate another professionally competent group as the PSRO in that area with no medical veto over its plans.

The challenge is in our hands! No longer can we dally and debate over ideological and philosophical principles pertaining to review of our professional endeavors. We must make sure that this review is truly peer – by, of, and for physicians. Already, there are others in the wings waiting to take over, namely, the hospitals with their Quality Assurance Program (QAP). The laity under a variety of banners proclaiming the primary vested interest of the consumer are just itching to take over with an eye to downgrading the physician to the role of a lackey technician. The major contender at the moment is the hospitals' QAP, which already has received unofficial blessings as being an acceptable alternative for a PSRO. However, let us not forget that the hospitals are not the center of health care, but that physicians are! Hospitals are a most expensive aid to the practice of medicine but not the power center. Moreover, only one shoe has been dropped in the form of review of institutional care; the other shoe is certain to fall soon in the form of review of noninstitutional care. Today it's Medicare and Medicaid; tomorrow, or even concurrently, it will be all third party payment programs as well as out-of-pocket personal payments. What better instrument do we need than the Health Care Foundation of Western Mass. in concert with the Commonwealth Institute of Medicine to carry out this mandate? Unfortunately, no instrument has any effect unless it is guided by a knowledgeable, dedicated, and positively motivated body. The moment of truth is at hand! Will we join hands and meet the challenge as resolutely as we do daily in taking care of our patients? Or will we let the mantle pass on to others by default because of selfish divisiveness amongst ourselves? You know what? The betting odds in Washington are high against physicians rising to the occasion!

Ayres

Luncheons — Dinners — Cocktails
WILLOW GLEN HOUSE
East Longmeadow, Mass.
232 No. Main St. — Tel. 525-2167

KEY PROVISIONS OF PSRO LAW

(Editor's Note: The following is reprinted the "American Medical News," November 20, 1972)

Here is a summary of the major PSRO provisions in HR 1 (Public Law 92 – 603):

PURPOSE:

The PSRO is a locally based entity which is supposed to oversee the quality and appropriateness of medical services paid for, wholly or partially, under provisions of the Social Security Act. The PSRO does not deal directly with costs, though its judgments will have a determining effect on provider reimbursement.

WHO:

PSRO status will be accorded to organizations deemed "qualified" by the U.S. Secretary of Health, Education, and Welfare (HEW).

WHAT:

A "qualified" organization is defined, in part, as a not-for-profit professional association with a "voluntary" membership – meaning that it is open to all MDs and DOs with no restrictions – representing a "substantial portion" of the licensed, practicing MDs or DOs in a designated area. Other characteristics of the organizations are specified in the law. Beginning Jan. 1, 1976, other public or non-profit private organizations also may qualify; but until then, the Secretary of HEW must try to line up an eligible professional association. In all cases, the local organization must demonstrate capability to undertake the responsibilities of a PSRO.

HOW:

The Secretary of HEW will designate operational areas across the country. That done, he is empowered to enter into PSRO agreements with qualified organizations in those areas. Such agreements will be conditional at first; but after a trial performance period of up to 24 months, formal agreements may be signed.

WHEN:

HEW has until Jan. 1, 1974, to designate geographical operating areas for PSROs. The actual selection of each area's PSRO will then take place "at the earliest practicable date after designation" of the operating area.

APPROVAL:

Until Jan. 1, 1976, the Secretary of HEW is required to inform all practitioners in a given area whenever he intends to enter into a local PSRO agreement. If more than 10% of those practitioners challenge the would-be PSRO's ability to represent them, the local medical community would then be polled and a majority vote would decide the issue.

FUNCTION:

PSROs will scrutinize the medical necessity, professional quality, and choice of type of health care facility for provision – but not the cost – of services paid for under Medicare or Medicaid. With respect to elective inpatient admissions or long, costly regimens of care, PSROs may exercise before-treatment approval, certifying both necessity and prudent utilization.

HEALTH CARE FOUNDATION OF WESTERN MASSACHUSETTS

1414 State Street
Springfield, Massachusetts 01109

APPLICATION FOR MEMBERSHIP

I, the undersigned, do hereby apply for membership in the Health Care Foundation of Western Massachusetts, hereafter referred to as "Health Care Plan."

I recognize and support the purposes of the "Health Care Plan" among which are:
Freedom of choice of physician,
Preservation of the fee-for-service concept,
Maintaining the present patient-doctor relationship and
Improved health care for the community at the lowest possible cost

I understand and fully agree as a condition of my membership in this Corporation that I shall be bound, governed, and agree to comply with all provisions of articles of organization, by-laws, and by any and all rules, regulations, committee recommendations, fee schedules, peer review decisions, initiation fees and dues adopted by this corporation.

I further understand and agree that all records of this Corporation, including, but not limited to, records prepared by any member, servant, agent or employee, shall be considered confidential and the sole property of the Corporation and no member, servant, agent or employee of the Corporation shall, under any circumstances, have the right to obtain these records by subpeona or otherwise for use in any legal proceeding or other matter without the prior written consent of the Board of Directors.

I have read the above conditions of this application and understand these terms.

___ I am a member of the Hampden District Medical Society or
___ I am a member of the _____ District Medical Society, or
___ I am not a member of the Hampden District Medical Society but I am eligible for membership therein.

Date _____ Signed _____

_____
(Please print name)

_____

____Attached is a $100 check in payment of my participating membership fee. Bill me _____

SCOPE:

Initially, PSROs will focus their review activities on institutional care. If a PSRO feels capable of reviewing non-institutional providers, however, it may do so, provided the Secretary of HEW gives his approval.

START-UP:

No PSRO will have to perform all the required functions from the moment it comes into being. At the discretion of HEW, each PSRO will be allowed to gear up over a period of time, assuming responsibilities in keeping with its capabilities.

HOSPITAL:

As long as existing review committees in hospitals or other organizations can satisfactorily demonstrate effective quality and utilization controls, PSROs are required to utilize their services and accept their findings. In cases where hospital review committees do not exist or are not acceptable to the PSRO or to the Secretary, PSROs are supposed to assign their hospital reviewing duties only to physicians with active staff privileges in one or more participating local hospitals. No physician, however, would be given responsibility for reviewing services provided by him or services furnished in a facility in which he or a member of his family had any financial interest.

DETERMINATIONS:

All final decisions as to professional conduct or acts of MDs or DOs must be made by doctors of medicine or osteopathy.

CRITERIA:

For starting points in review, each PSRO will make use of professionally developed "norms" of treatment, diagnosis, care, and utilization. These norms would be regional norms developed through the National Professional Standards Review Council. Local norms differing from regional norms may be used where approved by the national council.

FUNDING:

Each PSRO will be reimbursed by HEW for expenses resulting from normal operation.

SANCTIONS:

The PSRO's chief control mechanism is economic – and it is indirect. Where services are, for some reason, judge Improper or unnecessary, the PSRO notifies the check writer and no payment is made. The law provides channels for appealing such decisions. In cases of gross or repeated impropriety, or where medical practice is demonstrably and consistently poor, the Secretary of HEW may bar a provider from further reimbursement under any federal health program, permanently or temporarily. In addition, the Secretary may levy a financial penalty.

PSRC's:

Once there are three or more PSROs operating in a given state, the Secretary of HEW will establish a Statewide Professional Standards Review Council. Council members will be appointed by a variety of public and private agencies, and will include "representatives of the public" as well as physicians. The council's most important function will be to evaluate the job being done by the local PSROs. Where an existing PSRO does not measure up, the council may assist in replacing it.

THE NPSRC:

At the top of the structure, there will be a National Professional Standards Review Council composed of 11 physicians. This will be primarily a policy body, advising the Secretary of HEW, keeping tabs on the activities of the statewide councils, and generally searching for ways to help the overall program better fulfill its objectives. This Council is also charged with the important function of development and approval of regional norms of care, diagnosis, and treatment to be utilized in the program.

HIGHLIGHTS OF THE NOVEMBER EXECUTIVE COMMITTEE MEETING

The Executive Committee met on Tuesday, November 21, 1972, in the Conference Room of the HDMS. The meeting was called to order at 8 P.M. by President LaMarche.

Present were Drs. LaMarche, Moore, Stevens, Zacarian, Burke, Cummings, Goldberg, Bandeian and Mrs. Purdy.

Absent were Drs. Janovsky, Sheehan, McHugh and Asinas.

Present as guests were Attorney James Allen, President of the Hampden County Bar Association, and Dr. Beauchamp, Jr., Chairman of the Medico-Legal Committee, to discuss the "Medico-Legal Code". The section of the latter considered was Part I, Section C, on Medical Reports. A motion was made to insert a fee of $25.00 maximum for a routine report. Attorney Allen will rewrite this section with approval of the Executive Committee of the Bar Association and return it to HDMS for approval of the latter's Executive Committee.

The minutes of the October 17, 1972, meeting of the Executive Committee were read and approved by the Committee.

Dr. James Allan was present to help clear up some legislative problems. One was presented by Dr. Platt and Dr. Ernst concerning drug laws and the extra burden placed on both the physicians and the pharmacist with the restrictions of prn prescriptions. Dr. Allan explained that the BNDD has set up guidelines that all physicians must follow. These guidelines may be added to, but it is impossible to change the Federal regulations once they have been set up.

Dr. Allan then referred to a letter received by him dated June 6, 1972 from the HDMS requesting action on a suggested legislation to be presented to the General Court of Mass. on "Assignments of Benefits of Providers of Health Care". Dr. Allan suggested that this be written to only include physicians. Dr. Allan will rewrite this and resubmit it to the Executive Committee for approval.

Mrs. Purdy asked for Dr. Allan's opinion concerning two legislative suggestions from the Chamber of Commerce concerning (1) hiring new state employees for consulting studies and contracts and (2) concerned with welfare standards. Dr. Allan indicated that at a recent state meeting it was voted to be concerned only with legislation that directly affects the physicians.

In response to a newspaper letter in "People's Forum" of the "Springfield Union" dated 11-13-72 from the President of "Patients Association for Chiropractic Education", Dr. Allan suggested that HDMS ask Dr. Ballantine to write an answer to the newspaper. This was answered by the AMA also with an attached report of the Chiropractic Study Committee to the Wisconsin Governor's Health Planning and Policy Task Force.

STCC held an Oral Cancer Detection Clinic recently and HDMS was a sponsor. This had been approved by Dr. LaMarche and Dr. Joseph Baker as the clinic was held prior to the Executive meeting. The Executive Committee voted to endorse this clinic.

OLD BUSINESS

The AMA answered a letter sent to them concerning billing to patients if appointments are not kept. This information has been sent out in a "Newsletter". Mr. Holman of the Department of Medical Ethics referred to No. 8, page 39 in "Opinions and Report of the Judicial Council".

Dr. Hayes has refused to take the chairmanship of the membership drive for the AMA since he is retired and has no secretarial assistance. However, he stated that he would be happy to aid any chairman that Dr. LaMarche might name. The Committee instructed Mrs. Purdy to ask Dr. Wanzer for a list of AMA members in this district. A chairman will be named after receiving this list.

Dr. LaMarche gave a report of the HCFWM, Inc. A meeting was held on Monday, November 20, 1972 with Dr. Ballantine, President of CIM, as guest speaker. The area's hospital administrators were also invited to attend this meeting. There are 99 members of the Foundation at this time. Dr. LaMarche pointed out that the Bennett Amendment, PSRO, should be read and studied in its entirety. Mrs. Purdy has written the AMA asking for 600 copies of this to be sent out by HDMS to the membership.

The replies to date on Dr. Boss's letter concerning dinner meetings was read. There have been 104 returns with 32 yes to Question No. 1, 36 yes to No. 2, and 36 to No. 3. This is not a final report as all returns are not in.

BUSINESS

The AMA is to hold its first National Leadership Conference on Feb. 16-18, 1973 at the Marriott Motor Hotel at O'Hare Airport in Chicago. This meeting will replace the Senior Medical Executives meeting and the Communications Clinic of August. The Committee voted to send Dr. Zacarian. Dr. LaMarche has appointed Dr. Fahy to replace Dr. Callahan on the Emergency Service Study Committee of WMHPC, Inc., since Dr. Callahan has been ill and has asked to be replaced. The Committee approved this appointment.

Dr. Fisher submitted his resignation from the Executive Committee. Dr. Keroack has been asked to serve. The Committee approved this appointment, and Dr. Keroack will be so notified.

Dr. Stoler, Chairman of the Peer Review Committee, sent new suggested guidelines for both the Reserve and Regular Peer Review Committee. He also asked about charging for ajudication of physicians who are not members of HDMS. The Committee agreed that a charge of $25.00 should be made.

Opportunity House, a rehabilitation agency for alcoholics, wrote asking for suggested names of physicians to work on a part time basis. Opportunity House plans to establish a detoxification unit at the Springfield Municipal Hospital around Dec. 1, 1972.

Dr. Chapman, Chairman of the Medical Education Committee of MMS asked Dr. LaMarche for names and addresses of persons who are interested and qualified to take part in surveying and accrediting programs in this area. Nine names were suggested to be sent to Dr. Chapman.

The meeting was adjourned at 10:05 P.M.

The Grievance Committee heard five cases and adjourned at 10:40 P.M.

MARCO ISLAND

FLORIDA

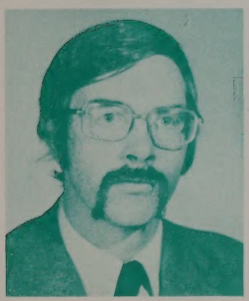
Deluxe Rental in new Tradewinds condominium on magnificent Gulf coast beach. Heated pool, golf, fishing. Two twin bedrooms, each with private bath. Color TV. Fully furnished for luxurious living by week, month.

Local Phone: 567-7739
after 6 p.m.

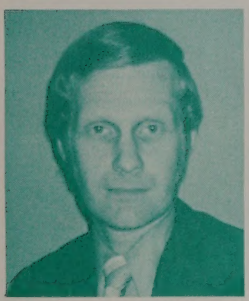
— Or Write —

CLAUDIA E. SMITH
Box 56
Marco Island, Florida 33937

WELCOME NEW MEMBERS



PAUL M. BOTHNER, M. D. – 90 Court St., Westfield, Mass.; Born: Sept. 24, 1939; Medical School: New Jersey College of Medicine, 1970; Internship: Beth Israel Medical Center, Newark, N. J., 1970-1971; Specialty: Family Medicine.

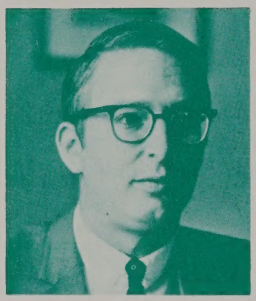


ALFRED H. CARTER, M. D. – 759 Chestnut St., Springfield Hospital Medical Center, Springfield, Mass.; Born: August 1, 1939; Medical School: Tufts Medical School, 1965; Internship: Butterworth Hospital, Grand Rapids, Mich., 1965-1966; Residency: Ohio State University Hospitals, Columbus, Ohio (Psychiatry), 1966-1969; Specialty: Psychiatry.

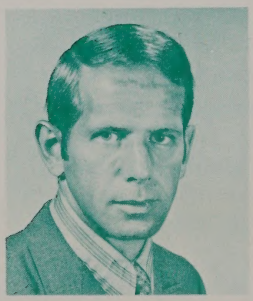
ENZO V. DIGIACOMO, M. D. – 3 Miller Ave., South Hadley, Mass.; Born: April 10, 1936; Medical School: New York Medical College, 1965; Internship: New Rochelle Hospital, 1965-1966; Residency: New York Medical College. 1966-1970; Specialty: Surgery.

Ernest A. Byron, Jr.

SPRINGFIELD



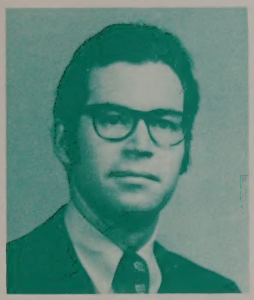
JESSE G. HAFER, JR., M. D. – Springfield Hospital Medical Center, 759 Chestnut St., Springfield, Mass.; Born: November 10, 1938; Medical School: Temple University (Philadelphia, Pa.), 1963; Internship: Medical, Temple University Hospital, 1963-1964; Residency: Internal Medicine, Temple University Hospital – N.I.H. Post Doctoral Research Fellowship in Cardiology, Temple University Hospital, 1966-1967; Specialty: Cardiology.



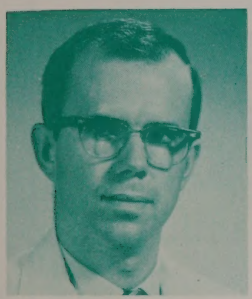
FRANK E. KACHINSKI, M. D. – 130 Maple St., Springfield, Mass.; Born: June 6, 1934; Medical School: Georgetown, Washington, D. C., 1959; Internship: USAF Hospital, Lackland AFB, Texas, 1959-1960; Residency: George Washington University Hospital, Washington, D. C., 1963-1966; Specialty: Obstetrics and Gynecology.

PAULINO A. LAGAC, M. D. – College Highway, Southwick, Mass.; Born: December 2, 1936; Medical School: University of Santo Thomas, Phillipines, 1963; Internship: Binghamton General Hospital (Binghamton, N. Y.), 1963-1964; Residency: Malden Hospital (Malden, Mass.), 1964-1967; Western Massachusetts Hospital (Westfield, Ma.), 1967-1969; Specialty: General surgery.

CARROLL TRAVEL BUREAU, INC.
JOHNSON'S BOOKSTORE BUILDING
1383 Main Street, Springfield, Mass. 739-7391
A Complete Experienced Travel Service



MORTON D. LYNN, M. D. – 146 Chestnut St., Springfield, Mass.; Born: April 4, 1939; Medical School: Cornell, 1965; Internship: U. Hospitals of Cleveland, 1965-1966; Residency: U. Hospitals of Cleveland, 1966-1967; Vanderbilt University Hospital, 1967-1970; Specialty: Orthopedics.



MARK H. POHLMAN, M. D. – 39 Mulberry St., Springfield, Mass.; Born: May 7, 1937; Medical School: Columbia, 1963; Internship: Mary Imogene Bassett Hospital, Cooperstown, N. Y., 1963-1964; Residency: Duke University, Durham, N. C., 1967-1971; Specialty: Orthopedics.

PALANIVELU J. RAMASWAMY, M. D. – 15 Mulberry St., Springfield, Mass.; Born: June 20, 1933; Medical School: Madras Medical College, India, 1956; Internship: Samaritan Hospital, Troy, N. Y.; Residency: Carney Hospital, Boston; Springfield Hospital, Springfield; Hartford Hospital, Hartford; St. Francis Hospital, Hartford. Specialty: Internal Medicine.

54th ANNIVERSARY YEAR

TOROS OMARTIAN & SON, INC.

We Buy and Sell **ORIENTAL RUGS**

390 Bridge Street Tel. 736-1531 Opp. the Kimball Towers

LUCILLE S. S. WHITTIER, M. D. – 76 Meadow Lane, Greenfield, Mass.; Born: Aug. 30, 1923; Medical School: Boston University School of Medicine, 1952; Internship: Mt. Auburn Hospital, Cambridge, Mass., 7-53 to 7-54.

HARRISON D. WILLCUTTS, M. D. – 51 Park Avenue, West Springfield, Mass.; Born: May 28, 1932; Medical School: Indiana Univ. School of Medicine, 1958; Internship: U. S. Naval Hospital, Oakland, Calif., 1958-1959; Residency: U. S. Naval Hospital, Oakland, Calif., 1960-1964; Specialty: Surgery.

SAID M. ZU'BI, M. D. – Springfield Hospital Medical Center, 759 Chestnut St., Springfield, Mass.; Born: June 5, 1930; Medical School: American University of Beirut, Lebanon, 1959; Internship: Upstate Medical Center, Syracuse, N. Y., 1959-1960; Residency: Hartford Hospital, Hartford, Conn., 1960-1964; Specialty: Pathology & Nuclear Medicine.

MYLANTA
FRANK BOBBIN

KING'S PHARMACY
Ethel K. King, Manager
117 MAIN STREET
CHICOPEE FALLS — 592-1651

MARK YOUR CALENDAR NOW!

HDMS Meeting, February 6
HDMS Executive Committee Meetings, January 16 and February 20
MMS Council Meeting, Boston, February 14
MMS Annual Meeting, Boston, May 29, 30, and 31
American Academy of Orthopedic Surgeons, Las Vegas, February 1-6
American Academy of Allergy, Washington, D.C., February 10-14
American College of Cardiology, San Francisco, February 14-18
AMA Annual Meeting, New York, June 23-28

MEMO:
Patronize our advertisers
and
remember to mention
"having seen it"
in
THE HAMPDEN HIPPOCRAT

W. F. YOUNG, INC.
MANUFACTURERS OF
Absorbine Jr.
ABSORBINE
ARTHRITIC PAIN LOTION

Thanks BAYPAC
for your support and encouragement

As you probably know, my campaign for State Senator in the Worcester-Hampden-Hampshire District came within one percentage point of being successful. Rather than being discouraged, I view the campaign as a success because we did our very best and because along the way we made a lot of new friends.

Among those friends is BAYPAC. I consider the endorsement of your fine organization as one of the high points of my campaign, and I plan to continue to work – both in and out of the political sphere – for the goals we share.

Congratulations and thanks to your fine organization for its interest in working for good government.

David J. Panaia
President
GOLD CROSS MEDICAL SERVICES
78 ISLAND POND ROAD, SPRINGFIELD, MASS. 01118

LIST OF ADVERTISERS

Below is a list of our advertisers for 1972. In your contacts please tell these people how much we appreciate their support.

A. M. A. Regional Office
Abbott Laboratories
Arnold's Shoes
Robert Baker Real Estate
Belmont Laundry
Lester L. Burdick, Inc.
Byron's Funeral Home, Inc.
Carroll Travel Bureau
Casino Royale
Central Travel Bureau
Chester's Drug Store
Child & Family Service, Inc.
Corliss Adjustment Bureau, Inc.
Curran-Jones, Inc., Funeral Home
Dale Bros. Laundry
Dickinson-Streeter Co., Funeral Home
Dunlop Florist
East Longmeadow Nursing Home, Inc.
Field, Eddy & Bulkley
First Bank
First Federal Savings & Loan Assoc.
Footit Surgical Supplies
Gold Cross Ambulance & Oxygen Service
Hafey's Funeral Service
Hampden Savings Bank
Harrell's Funeral Home
Harris Pharmacy
Henderson Funeral Home
Henderson Shoes
Highpoint Motor Inn
Hoffman-La Roche
Hollywood Uniform Center
Homemakers
Intrav
King's Drug Store
Landen-True, Jewelers
Lewis Drugs, Inc.
Lilly, Eli and Co.
Log Cabin Restaurant
Mall Drugs
McCarthy-Madamas Funeral Home
Medical Equipment Unlimited
Merit Pharmacal Co.
Mobile Maids
Norman's Pharmacy
O'Donnell, Edward F. Funeral Home, Inc.
Old Storrowton Tavern
Omartian, Toros & Son, Inc.
Penn Travel Agency
Picot's Place
Pomeroy-Williams Co.
Ratell Funeral Home
Reliable Telephone Service
Roche Clinical Laboratories
Sampson, T. P. Co.
Schine Inn
Smith, Kline & French Laboratories
Smith Rexall Drug Store, Inc.
Spring St. Drug
Springfield Memorial Service
Squibb, E. R. & Sons, Inc.
M. Steinert & Sons
Strathmore Paper Company
Stuart Pharmaceuticals
Student Prince Restaurant
Thompson Laboratories
Valley Bank
Vernon Surgical Shop
Weidner Travel Bureau, Inc.
A. O. White
Willow Glen House
W. F. Young, Inc.
Yale-Genton
Yankee Pedlar

Dine in
Relaxed Elegance

Always a different and delicious menu to enjoy in pleasant comfort. Serving daily from eleven-thirty AM to midnight.

THE LOG CABIN
Easthampton Road, Route 141
HOLYOKE
536-7700

℞ Prescription Footwear
Is Our Business!

Put Your Patients In Our Shoes
Men — Women — Children

— WE CARRY —

1. Straight Last Surgical Boots
2. Abductor Shoes
3. Adductor Shoes
4. Denis Browne Splints
5. Thomas Heels
6. Depth Inlay Shoes
7. Torqheels

Henderson Shoes
SUBURBAN ENFIELD MALL
EXIT 190 EAST OFF RT. 91
Open Daily 10 a.m. - 9 p.m. — Sat. til 6
Brian Silvia, prop. (203) 745-9998

Season's Greetings

HAFEY FUNERAL SERVICE

HAFEY FUNERAL HOME
Springfield, Mass.

EAST LONGMEADOW
FUNERAL HOME
East Longmeadow, Mass.

Landen-True

SPRINGFIELD JEWELERS FOR OVER A CENTURY

1365 MAIN STREET BRIGHAM BUILDING

For Information or Reservations for your Business of Pleasure Trip Contact:

WEIDNER TRAVEL BUREAU, INC.

ANNOUNCING NEW LOCATION . . .
69 MARKET STREET — GROUND FLOOR

TELEPHONE 781-0550 SPRINGFIELD, MASS.

what?

You still don't have a regular savings account that earns

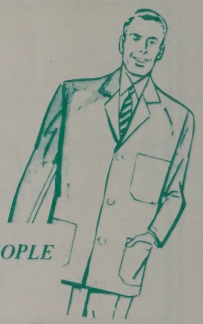
DAILY INTEREST
COMPOUNDED DAILY
COMPOUNDED DAILY
COMPOUNDED DAILY
COMPOUNDED DAILY

	SIMPLE ANNUAL RATE	COMPOUNDED ANNUAL RATE
REGULAR SAVINGS ACCOUNTS	5¼%	5.47%

HAMPDEN SAVINGS BANK
19 Harrison Avenue • Springfield, Mass. 01101

WHITE SWAN UNIFORMS

Hollywood Uniform Centers



PROFESSIONAL UNIFORMS FOR PROFESSIONAL PEOPLE
114 (Lower) STATE ST. – 734-4364
248 BRIDGE ST. (UNIFORM SHOPPE) – 737-8543

DOCTOR!

OUR COLLECTION SERVICE IS THE *RIGHT* PRESCRIPTION FOR YOUR DELINQUENT ACCOUNTS

we have served "The Business Side of Medicine" for over a quarter of a century

CORLISS ADJUSTMENT BUREAU, Inc.
293 Bridge Street Springfield, Mass. 01103
call our Medical Division, 739-7346